

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8-4-05

2 Serial/Patent # 10/519449

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	1	<u>12/30/04</u>	\$ <u>180</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	<u>18--0013</u>
9 No Fee Due (Explanation):			

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE: \_\_\_\_\_

SIGNATURE: R Johnson

PHONE: \_\_\_\_\_

OFFICE: \*\*\*\*

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B